| <u> </u>  | D A   | TEAT ADD   | 1 of 1995,         | no persons are re                           | uired to respond   | to a collection of i | nomation un            | Mice; U.S.<br>less il disi   | DEPARTMENT         | OF COMMERC        |
|---|---|--|--------------------|---|--------------------|----------------------|------------------------|------------------------------|--------------------|-------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875  |   |  |                    |   |                    |                      |                        | Application or Docket Number |                    |                   |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTI                 |   |  |                    |   |                    |                      |                        | OR                           | ОТН                | ER THAN           |
|   | ^ FOR   | · · NUM  | NUMBER FILED       |   | BER EXTRA          | ]                    | 1                      | ٦                            | SMAL               | L ENTITY          |
| (37   | SIC FEE.<br>CFR 1.16(a))  |  | ·                  |   | BEREXIKA           | RATE                 | FEE                    | -                            | RATE               | FEE               |
|   | TAL CLAIMS<br>CFR 1.16(c))                                      |  | minus 20 =         |   |                    |                      | <u> </u>               | OR                           |                    | \$                |
| IN(   | DEPENDENT CLA<br>CFR 1.16(b))                                   | IMS  | minus 3 = •        |   |                    | X \$=                | <del> </del> -         | OR                           | × \$=              | <del> </del>      |
| ML  | LTIPLE DEPEND   | ENT CLAIM PRESE                                  |                    |   |                    | X \$=                | <del></del>            | OR'                          | x s=               |                   |
| •   |   |  |                    |   |                    | + \$=                | <del>  _ :</del>       | OR                           | +s=                |                   |
| * If the difference in column 1 is less than zero, enter *0* in column 2. |   |  |                    |   |                    | TOTAL                |                        | OR                           | TOTAL              |                   |
|   | C   | CLAIMS AS AN                                     | MENDE              | D - PART II                                 |                    |                      |                        |                              |                    |                   |
| _ <   |   | (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |                    |   |                    |                      | ENTITY                 | OR                           | OTHE<br>SMALL      | R THAN<br>ENTITY  |
| AMENDMENT A   | i Cludus,   | REMAINING<br>AFTER<br>AMENDMENT                  |                    | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA   | RATE                 | ADDI-<br>TIONAL<br>FEE |                              | RATE               | . ADDI-<br>TIONAL |
| Š   | (37 CFR 1.16(cl)  | 10   | Minus              | 20  | =                  | x s=                 |                        | OR                           | x s =              | FEE               |
| MEI   | (37 CFR 1,16(b))  | <u></u>  | Minus              | 5   | =                  | x s=                 |                        | OR                           | × \$ =             | -/                |
| ⋖   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |  |                    |   |                    | +\$ =                |                        | OR                           |                    | /                 |
|   |   |  |                    |   |                    | TOTAL<br>ADD'L FEE   |                        | OR<br>OR                     | TOTAL              | /                 |
|   | ſ <del></del>   | (Column 1)                                       |                    | (Column 2)                                  | (Column 3)         | '                    |                        | 0.1                          | ADD'L FEE          | ·/                |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT        |                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA   | RATE                 | ADDI-<br>TIONAL        |                              | RATE               | ADDI-<br>TIONAL   |
| 5   | Total<br>(37 CFR 1.16(c))                                       | <u> </u>   | Minus              |   | =                  | X \$ =               | FEE                    |                              |                    | FEE               |
| MEN   | Independent<br>(37 CFR 1,16(b))                                 | •  | Minus              | 11  | =                  | x \$ =               | <del></del>            | OR                           | × \$=              | ·                 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))           |   |  |                    |   |                    | +\$ =                |                        | OR                           | × \$=              |                   |
|   |   |  |                    |   |                    | TOTAL<br>ADD'L FEE   |                        | OR<br>OR                     | TOTAL<br>ADD'L FEE |                   |
| _   |   | (Column 1)<br>. CLAIMS                           |                    | (Column 2)                                  | (Column 3)         |                      |                        |                              |                    |                   |
| AMENDMENT C   |   | REMAINING<br>AFTER<br>AMENDMENT                  |                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT :<br>EXTRA | RATE                 | ADDI-<br>TIONAL<br>FEE |                              | RATE               | ADDI-<br>TIONAL   |
| 힞   | Total<br>(37 CFR 1,16(c))                                       | •  | Minus              | ••  | È                  | x s =                |                        |                              | · ·                | FEE               |
| 阊   | Independent<br>(37 CFR 1.16(b))                                 | •  | Minus              | •••   | =                  | X \$ =               |                        | OR                           | X \$=              |                   |
| ব   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |  |                    |   |                    |                      |                        | OR                           | =                  |                   |
|   |   |  | TOTAL<br>ADD'L FEE |   | OR [               | + \$ =               |                        |                              |                    |                   |
| •   | If the entry in co  | lumn 1 is less tha                               | n the entr         | in column 2 write                           | NOOCHEE L          |                      | ÓR                     | ADD'L FEE                    |                    |                   |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less, than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less, than 3, anter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate to a column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden; should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.